

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 18, 1988

ALL-COUNTY LETTER NO. 88-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INDIVIDUAL CLIENT FORM FOR THE INDEPENDENT LIVING
SKILLS PROGRAM

REFERENCE: ALL-COUNTY INFORMATION NOTICE NO. I-85-87

This letter is to provide Counties with the attached Individual Client Characteristic Data form (SOC 385). Effective immediately this form should be used by Counties for each Title IV-E youth currently participating in the Independent Living Skills Program (ILSP) and for youth who enter the program at a future date. The form should also be used for those youth for whom ILSP services were provided and completed and for whom the 90-day follow-up activity has not yet occurred.

The SOC 385 is not required for those youth who have already terminated from the ILSP. However, since this form reflects statistical information which has been requested by the Department of Health and Human Services, to the extent that a County can do so, completion of the form for former ILSP participants would be helpful.

The Department has been in continuous collaboration with representatives from the County Welfare Directors Association. Comments and suggestions from this group have been invaluable in developing a final format which is consistent with both State and County needs.

All-County Information Notice No. I-85-87, indicated that a summary report form and instructions in addition to the SOC 385 would be required. Several options are being considered for the format of the summary report and until such a summary report is finalized and Counties are properly notified, no quarterly report on ILSP from Counties is required.

Questions regarding Independent Living Program implementation issues should be directed to Ms. Beverly Gronlund of the Family and Children's Services Policy Bureau at (916) 323-6514.

A handwritten signature in cursive script, appearing to read "Loren D. Suter".

LOREN D. SUTER
Deputy Director
Adult and Family Services

Attachment

cc: County Welfare Directors Association
Community College Foundation

INDEPENDENT LIVING SKILLS PROGRAM**INDIVIDUAL CLIENT CHARACTERISTIC DATA**

CLIENT NAME

DATE

FCIS CASE NUMBER/UNIQUE I.D.

D1) CLIENT PROFILE:

IV-E ELIGIBLE:

☐ Yes ☐ No

ACCEPTED ILSP SERVICES (DATE)

DECLINED ILSP SERVICES (DATE)

PARENTAL STATUS:

☐ Expectant Father
☐ Childless
☐ Parent _____ Children
☐ Expectant Mother

SPECIAL NEEDS:

☐ Educational
☐ Medical
☐ Mental
☐ Physical

TRAINING GOAL:

☐ Voc Ed
☐ HS Diploma
☐ GED
☐ College
☐ Adult Ed
D2) ILSP DIRECT SERVICES TO BE PROVIDED (as appropriate):

Access to Community Resources

Interpersonal/Social Skills

Consumer Skills

Money Management

Health Care

Parenting

Home Management

Time Management

Housing Options/Location

Transportation

OTHER (SPECIFY)

COUNSELING:

☐ Group ☐ Individual

TUTORING (TUTORING SERVICES FOR A YOUTH WHICH ARE NOT REQUIRED TO BE PROVIDED THROUGH A SCHOOL DISTRICT):

☐ Group ☐ Individual ☐ Personal Computer Tutorial PackageEXIT PACKET CONTENTS:
(OPTIONAL)
☐ Birth Records
☐ Placement Records
☐ Community Resource Listing
☐ Social Security Card
☐ Educational Certification
☐ Work Registration
☐ Health Records
☐ Other
D3) CLIENT OUTCOMES/TERMINATION:

AWARDED HIGH SCHOOL DIPLOMA (DATE)

AWARDED GED (DATE)

SUCCESSFULLY COMPLETED VOC ED (DATE)

SUCCESSFULLY COMPLETED ADULT ED (DATE)

ENROLLED IN COLLEGE (DATE)

CONTINUED HIGH SCHOOL/GED/VOC ED ENROLLMENT (DATE)

ENROLLED IN ADVANCED SKILLS TRAINING (DATE)

EMPLOYED

☐ FT ☐ PT ☐ Actively Seeking ☐ Entered Job Corps

ENTERED MILITARY (DATE)

UNEMPLOYABLE/SSI ELIGIBLE (DATE)

UNEMPLOYED/NOT ACTIVELY SEEKING

UNEMPLOYED (NOTE PROBLEM AREA(S))

YOUTH CONTINUES IN ILSP

YOUTH NO LONGER IV-E ELIGIBLE (DATE)

LIVING INDEPENDENTLY OF AGENCY MAINTENANCE PROGRAMS (DATE)

PERSONAL SERVICES CONTRACT WITH THIS
YOUTH (ATTACH COPY)☐

OBTAINED COMMUNITY SERVICES

DID NOT OBTAIN OTHER COMMUNITY SERVICES (NOTE PROBLEM AREA(S))

HOUSED (IDENTIFY TYPE)

RETURNED TO FAMILY (DATE)

TRANSFERRED TO ILSP IN ANOTHER COUNTY (DATE)

MOVED/WHEREABOUTS UNKNOWN (DATE)

D4) 90-DAY FOLLOW-UP AFTER TERMINATION (includes termination of services due to cessation of outside funding.)

MODE OF CONTACT:

FACE-TO-FACE (DATE)

TELEPHONE (DATE)

MAIL (DATE)

FAILURE TO CONTACT:

MOVED

OTHER

CASE VIGNETTE, SUMMARY

SUMMARY COMPLETED BY:

DATE

INSTRUCTIONS FOR COMPLETING SOC 385

This form is to be used to maintain data on each youth participating in the Independent Living Skills Program. Please complete as fully as possible.

Enter the case number and name of the youth served. The case number must be the same as it currently appears on the Foster Care Information System (FCIS). The number is printed in Item B1 of the current form SOC 158 for the individual youth.

For questions in which choices are listed, check the box which is most appropriate (for example: Training Goal: HS Diploma ☐ GED ☐ VocED ☐ College ☐ Adult Ed ☐.) For other questions, you will need to write brief answers (for example: Note problem area(s), you may add comments which may explain the response.) Identifying problem areas will aid in responding to narrative items on the final Independent Living Skills Program Report.

Information is confidential and remains in the individual youth's case record. You may add items specific to your agency needs as long as the basic data items remain.